

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesUnited Food and Commercial Workers International Union Working Families Advocacy
Project

ADDRESS (number and street)

1775 K Street, N.W.

☐Check if different
than previously
reported. (ACC)

Washington

DC

20006

1598

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00484253

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Anthony M. Perrone

Signature of Treasurer

Electronically Filed by Anthony M. Perrone

Date

08

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

United Food and Commercial Workers International Union Working Families Advocacy Project

Report Covering the Period:

From:

M M
0 6D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 6D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	100000.00	100000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100000.00	100000.00
7. Total Disbursements (from Line 31)	37640.57	37640.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62359.43	62359.43
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	11333.14	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

United Food and Commercial Workers International Union Working Families Advocacy
Project

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	100000.00	100000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	100000.00	100000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	100000.00	100000.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	3498.10	3498.10	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3498.10	3498.10	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	34142.47	34142.47	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37640.57	37640.57	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37640.57	37640.57	

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3498.10	3498.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3498.10	3498.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

A.

Full Name (Last, First, Middle Initial)

United Food and Commercial Workers International Union

Mailing Address 1775 K Street, NW

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: 9200956

Amount of Each Receipt this Period

100000.00

Deposit of incoming connected organization receipts

SUBTOTAL of Receipts This Page (optional)

100000.00

TOTAL This Period (last page this line number only)

100000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

A. Full Name (Last, First, Middle Initial) UFCW LOCAL NO. 1564		Transaction ID: 9227010 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </div>	
Mailing Address Post Office Box 80390		Amount of Each Disbursement this Period <div>422.90</div>	
City Albuquerque	State NM	Zip Code 87198	Amount of Each Disbursement this Period <div>2975.20</div>
Purpose of Disbursement Operating Expense - Air Travel		<div>004</div> Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) DINERS CLUB		Transaction ID: 9227412 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </div>	
Mailing Address POST OFFICE BOX 6935		Amount of Each Disbursement this Period <div>2975.20</div>	
City THE LAKES	State NV	Zip Code 88901-6935	Amount of Each Disbursement this Period <div>2975.20</div>
Purpose of Disbursement Operating Expense - Air Travel		<div>004</div> Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

3398.10

TOTAL This Period (last page this line number only)

3398.10

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 BW Inn and Suites

 Nature of Debt (Purpose):
 Hotel Billing

Mailing Address 5219 Cross Road Parkway

City	State	ZIP Code
Texarkana	AR	71854

Outstanding Balance Beginning This Period

0.00

Transaction ID: 9403807

Amount Incurred This Period

10350.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10350.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Alamo Rent a Car

 Nature of Debt (Purpose):
 Car Rental

Mailing Address P.O. Box 198154

City	State	ZIP Code
Atlanta	GA	30384-8154

Outstanding Balance Beginning This Period

0.00

Transaction ID: 9403808

Amount Incurred This Period

983.14

Payment This Period

0.00

Outstanding Balance at Close of This Period

983.14

1) **SUBTOTALS** This Period This Page (optional).....

11333.14

2) **TOTALS** This Period (last page this line number only).....

11333.14

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

11333.14

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER C C00484253	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Alamo Rent A Car		Date MM / DD / YYYY 06 / 02 / 2010	
Mailing Address P.O. Box 198154		Amount 378.18	
City State Zip Code Atlanta GA 30384-8154		Transaction ID: 9226865	
Purpose of Expenditure Car Rental		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AR District: _____	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Alamo Rent A Car		Date MM / DD / YYYY 06 / 02 / 2010	
Mailing Address P.O. Box 198154		Amount 378.18	
City State Zip Code Atlanta GA 30384-8154		Transaction ID: 9226866	
Purpose of Expenditure Car Rental		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AR District: _____	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date MM / DD / YYYY 08 / 18 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BW Inn and Suites		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5219 Cross Road Parkway		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4441.87</div>	
City State Zip Code Texarkana AR 71854		Transaction ID: 9226860	
Purpose of Expenditure Hotel		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010 [MEMO ITEM]	
<div style="border: 1px solid black; padding: 2px; text-align: right;">-23674.41</div>		Hotel	
Full Name (Last, First, Middle, Initial) of Payee BW Inn and Suites		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5219 Cross Road Parkway		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4441.88</div>	
City State Zip Code Texarkana AR 71854		Transaction ID: 9226862	
Purpose of Expenditure Hotel		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010 [MEMO ITEM]	
<div style="border: 1px solid black; padding: 2px; text-align: right;">-19232.53</div>		Hotel	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER C C00484253	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 1000		Date M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0	
Mailing Address 967 W. Wall Street Suite 120		Amount 2664.13	
City State Zip Code Grapevine TX 76051		Transaction ID: 9226881	
Purpose of Expenditure Salary, wages and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought -16568.40		2010 [MEMO ITEM] Salary, wages and travel expenses	
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 1000		Date M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0	
Mailing Address 967 W. Wall Street Suite 120		Amount 2664.13	
City State Zip Code Grapevine TX 76051		Transaction ID: 9226882	
Purpose of Expenditure Salary, wages and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought -13904.27		2010 [MEMO ITEM] Salary, wages and travel expenses	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER C C00484253	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 2		Date MM / DD / YYYY 06 / 02 / 2010	
Mailing Address 1305 East 27th Street		Amount 5261.99	
City State Zip Code Kansas City MO 64108		Transaction ID: 9226869	
Purpose of Expenditure Salaries, wages and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought -8642.28		2010 [MEMO ITEM] Salaries, wages and travel expenses	
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 2		Date MM / DD / YYYY 06 / 02 / 2010	
Mailing Address 1305 East 27th Street		Amount 5261.99	
City State Zip Code Kansas City MO 64108		Transaction ID: 9226870	
Purpose of Expenditure Salaries, wages and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought -3380.29		2010 [MEMO ITEM] Salaries, wages and travel expenses	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date MM / DD / YYYY 08 / 18 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER C C00484253	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 655		Date MM / DD / YYYY 06 / 02 / 2010	
Mailing Address 300 Weidman Road		Amount 1627.63	
City State Zip Code Ballwin MO 63011-4433		Transaction ID: 9226878	
Purpose of Expenditure Salary, wages, and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought -1752.66		2010 [MEMO ITEM] Salary, wages, and travel expenses	
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 655		Date MM / DD / YYYY 06 / 02 / 2010	
Mailing Address 300 Weidman Road		Amount 1627.62	
City State Zip Code Ballwin MO 63011-4433		Transaction ID: 9226879	
Purpose of Expenditure Salary, wages, and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought -125.04		2010 [MEMO ITEM] Salary, wages, and travel expenses	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date MM / DD / YYYY 08 / 18 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No.2008		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 7924 Interstate 30 Suite A		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3699.98</div>	
City State Zip Code Little Rock AR 72209-2900		Transaction ID: 9226884	
Purpose of Expenditure Salaries, wages, and travel expenses		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">3574.94</div>	
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No.2008		[MEMO ITEM] Salaries, wages, and travel ex- penses	
Mailing Address 7924 Interstate 30 Suite A		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
City State Zip Code Little Rock AR 72209-2900		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3699.99</div>	
Purpose of Expenditure Salaries, wages, and travel expenses		Transaction ID: 9226885	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">7274.93</div>		[MEMO ITEM] Salaries, wages, and travel ex- penses	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER C C00484253	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW LOCAL NO. 1564		Date M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0	
Mailing Address Post Office Box 80390		Amount 1182.59	
City State Zip Code Albuquerque NM 87198		Transaction ID: 9226872	
Purpose of Expenditure Salaries, wages, and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought 8457.52		2010 [MEMO ITEM] Salaries, wages, and travel ex- penses	
Full Name (Last, First, Middle, Initial) of Payee UFCW LOCAL NO. 1564		Date M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0	
Mailing Address Post Office Box 80390		Amount 1182.59	
City State Zip Code Albuquerque NM 87198		Transaction ID: 9226873	
Purpose of Expenditure Salaries, wages, and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought 9640.11		2010 [MEMO ITEM] Salaries, wages, and travel ex- penses	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 1000		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 967 W. Wall Street Suite 120		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2960.62</div>	
City State Zip Code Grapevine TX 76051		Transaction ID: 9192891	
Purpose of Expenditure Wages/travel exp; of- fsets 6/2/10 memo		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">12600.73</div>			

Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 1000		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 967 W. Wall Street Suite 120		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2960.62</div>	
City State Zip Code Grapevine TX 76051		Transaction ID: 9192892	
Purpose of Expenditure Wages/travel exp; of- fsets 6/2/10 memo		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">15561.35</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5921.24</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Anthony M. Perrone

 Signature

Date

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SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER C C00484253	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 2		Date MM / DD / YYYY 06 / 03 / 2010	
Mailing Address 1305 East 27th Street		Amount 6013.70	
City State Zip Code Kansas City MO 64108		Transaction ID: 9192838	
Purpose of Expenditure Wages/travel exp; of- fsets 6/2/10 memo		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought 21575.05			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 2		Date MM / DD / YYYY 06 / 03 / 2010	
Mailing Address 1305 East 27th Street		Amount 6013.70	
City State Zip Code Kansas City MO 64108		Transaction ID: 9192839	
Purpose of Expenditure Wages/travel exp; of- fsets 6/2/10 memo		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought 27588.75			
(a) SUBTOTAL of Itemized Independent Expenditures		12027.40	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date MM / DD / YYYY 08 / 18 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER C C00484253	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 655		Date MM / DD / YYYY 06 / 03 / 2010	
Mailing Address 300 Weidman Road		Amount 1854.00	
City State Zip Code Ballwin MO 63011-4433		Transaction ID: 9192841	
Purpose of Expenditure Wages/travel exp; of- fsets 6/2/10 memo		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought 29442.75		2010	

Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 655		Date MM / DD / YYYY 06 / 03 / 2010	
Mailing Address 300 Weidman Road		Amount 1854.00	
City State Zip Code Ballwin MO 63011-4433		Transaction ID: 9192842	
Purpose of Expenditure Wages/travel exp; of- fsets 6/2/10 memo		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought 31296.75		2010	

(a) SUBTOTAL of Itemized Independent Expenditures	3708.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Anthony M. Perrone
Signature

Date MM / DD / YYYY
08 / 18 / 2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No.2008		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 7924 Interstate 30 Suite A		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3327.84</div>	
City State Zip Code Little Rock AR 72209-2900		Transaction ID: 9173882	
Purpose of Expenditure Wages/travel exp-off-sets 6/2/10 memo		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">34624.59</div>			

Full Name (Last, First, Middle, Initial) of Payee UFCW Local No.2008		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 7924 Interstate 30 Suite A		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3327.84</div>	
City State Zip Code Little Rock AR 72209-2900		Transaction ID: 9173883	
Purpose of Expenditure Wages/travel exp-off-sets 6/2/10 memo		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">37952.43</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6655.68</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Anthony M. Perrone

 Signature

Date

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SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Full Name (Last, First, Middle, Initial) of Payee UFCW LOCAL NO. 1564		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1101.00</div>	
Mailing Address Post Office Box 80390		Transaction ID: 9192888	
City Albuquerque	State NM	Zip Code 87198	Office Sought: <input type="checkbox"/> House State: <u>AR</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure Wages/travel exp; of- fsets 6/2/10 memo		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">39053.43</div>		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Full Name (Last, First, Middle, Initial) of Payee UFCW LOCAL NO. 1564		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1101.00</div>	
Mailing Address Post Office Box 80390		Transaction ID: 9192889	
City Albuquerque	State NM	Zip Code 87198	Office Sought: <input type="checkbox"/> House State: <u>AR</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure Wages/travel exp; of- fsets 6/2/10 memo		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">40154.43</div>		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2202.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Alamo Rent A Car		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 08</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address P.O. Box 198154		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">113.39</div>	
City State Zip Code Atlanta GA 30384-8154		Transaction ID: 9403011	
Purpose of Expenditure Car Rental		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010 [MEMO ITEM]	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">40267.82</div>		Car Rental	
Full Name (Last, First, Middle, Initial) of Payee Alamo Rent A Car		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 08</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address P.O. Box 198154		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">113.39</div>	
City State Zip Code Atlanta GA 30384-8154		Transaction ID: 9403012	
Purpose of Expenditure Rental Car		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010 [MEMO ITEM]	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">40381.21</div>		Rental Car	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BW Inn and Suites		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 08</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5219 Cross Road Parkway		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">733.12</div>	
City State Zip Code Texarkana AR 71854		Transaction ID: 9403007	
Purpose of Expenditure Hotel Expense		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought		2010 <div style="border: 1px solid black; padding: 2px; display: inline-block;">41114.33</div>	
		[MEMO ITEM] Hotel Expense	
Full Name (Last, First, Middle, Initial) of Payee BW Inn and Suites		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 08</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5219 Cross Road Parkway		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">733.13</div>	
City State Zip Code Texarkana AR 71854		Transaction ID: 9403008	
Purpose of Expenditure Hotel Expense		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff	
Calendar Year-To-Date Per Election for Office Sought		2010 <div style="border: 1px solid black; padding: 2px; display: inline-block;">41847.46</div>	
		[MEMO ITEM] Hotel Expense	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ C C00484253	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 655		Date MM / DD / YYYY 06 / 24 / 2010	
Mailing Address 300 Weidman Road		Amount 97.03	
City State Zip Code Ballwin MO 63011-4433		Transaction ID: 9223187	
Purpose of Expenditure Salaries, wages and travel expenses		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought 41944.49			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No. 655		Date MM / DD / YYYY 06 / 24 / 2010	
Mailing Address 300 Weidman Road		Amount 97.03	
City State Zip Code Ballwin MO 63011-4433		Transaction ID: 9223188	
Purpose of Expenditure Salaries, wages and travel expenses		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought 42041.52			
(a) SUBTOTAL of Itemized Independent Expenditures		194.06	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date MM / DD / YYYY 08 / 18 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DINERS CLUB		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address POST OFFICE BOX 6935		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">517.50</div>	
City State Zip Code THE LAKES NV 88901-6935		Transaction ID: 9226520	
Purpose of Expenditure Hotel - BW Inn and Suites		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">42559.02</div>			

Full Name (Last, First, Middle, Initial) of Payee DINERS CLUB		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address POST OFFICE BOX 6935		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">517.50</div>	
City State Zip Code THE LAKES NV 88901-6935		Transaction ID: 9226523	
Purpose of Expenditure Hotel - BW Inn & Suites		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Runoff</u> 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">43076.52</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1035.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Anthony M. Perrone

 Signature

Date

M
08

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18

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2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER C C00484253	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No.2008		Date MM / DD / YYYY 06 / 29 / 2010	
Mailing Address 7924 Interstate 30 Suite A		Amount 1199.55	
City State Zip Code Little Rock AR 72209-2900		Transaction ID: 9226345	
Purpose of Expenditure Salaries, wages and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL HALTER		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff 2010	
Calendar Year-To-Date Per Election for Office Sought 44276.07			
Full Name (Last, First, Middle, Initial) of Payee UFCW Local No.2008		Date MM / DD / YYYY 06 / 29 / 2010	
Mailing Address 7924 Interstate 30 Suite A		Amount 1199.54	
City State Zip Code Little Rock AR 72209-2900		Transaction ID: 9226346	
Purpose of Expenditure Salaries, wages and travel expenses		Office Sought: <input checked="" type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Runoff 2010	
Calendar Year-To-Date Per Election for Office Sought 45475.61			
(a) SUBTOTAL of Itemized Independent Expenditures		2399.09	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		34142.47	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Anthony M. Perrone Signature		Date MM / DD / YYYY 08 / 18 / 2010	